

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 0981129	FILING DATE 3-16-01						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1							51						
2							52						
3							53						
4							54						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	0	0	0	0	0	0	TOTAL IND.	0	0	0	0	0	0
TOTAL DEP.	361	0	0	0	0	0	TOTAL DEP.	0	0	0	0	0	0
TOTAL CLAIMS	43	0	0	0	0	0	TOTAL CLAIMS	0	0	0	0	0	0

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS